



*Dmaya RCE \$ 2874*

PTO/SB/30 (09-03)

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## Request for Continued Examination (RCE) Transmittal

Address to:  
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

<b>Application Number</b>	09/828,842
<b>Filing Date</b>	April 10, 2001
<b>First Named Inventor</b>	David W. Sherrer, et al.
<b>Art Unit</b>	2874
<b>Examiner Name</b>	Akm E. Ullah
<b>Attorney Docket Number</b>	R&H 03-13

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- a.  Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

- i.  Consider the arguments in the Appeal Brief or Rely Brief previously filed on \_\_\_\_\_  
ii.  Other \_\_\_\_\_

- b.  Enclosed

- |   |   |
|---|---|
| i. <input type="checkbox"/> Amendment/Reply               | iii. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) |
| ii. <input type="checkbox"/> Affidavit(s)/ Declaration(s) | iv. <input type="checkbox"/> Other _____  |

2. **Miscellaneous**

- a.  Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a

- a.  period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)  
b.  Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

The Director is hereby authorized to charge the following fees, or credit any overpayments, to

a.  Deposit Account No. \_\_\_\_\_

- i.  RCE fee required under 37 CFR 1.17(e)  
ii.  Extension of time fee (37 CFR 1.136 and 1.17)  
iii.  Other \_\_\_\_\_

- b.  Check in the amount of \$ 385.00 enclosed

- c.  Payment by credit card (Form PTO-2038 enclosed)

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)	Niels Haun	Registration No. (Attorney/Agent)	48,488
Signature		Date	February 20, 2004

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type)	Niels Haun	Date	February 20, 2004
Signature			

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



## FEE TRANSMITTAL

		<b>Complete if known</b>
		Application Number: 09/828,842
		Filing Date: April 10, 2001
		First Named Inventor: Sherrer, et al.
		Group Art Unit: 2874
		Examiner Name: Akm E. Ullah
Total Amt. of Payment: (1)+(2)+(3)=	<b>\$385</b>	Attorney Docket Number: R&H 03-13

<b>METHOD OF PAYMENT (check one)</b>		<b>Fee Calculation (continued)</b>																					
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		<b>ADDITIONAL FEES</b> <b>Fee Description</b> <b>Fee Paid</b> Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within first month _____ Extension for response within second month _____ Extension for response within third month _____ Extension for response within fourth month _____ Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue fee _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>Advance Order (10 copies)</u> _____ Other fee (specify) <u>Request for Continued Examination</u> _____ <b>385.00</b> <b>SUBTOTAL (3)</b> <u>\$385</u>																					
<b>FEE CALCULATION</b> 1. <b>FILING FEE</b> <b>Fee Description</b> <b>Fee</b> Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____ Provisional filing fee _____ <b>SUBTOTAL (1)</b> <u>\$0</u>																							
2. Claims <table> <thead> <tr> <th></th> <th>Paid</th> <th>Extr</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>24</td> <td>-25</td> <td>= 0    x 9 = 0</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3</td> <td>= 0    x 42 = 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>SUBTOTAL (2)</b> <u>\$0</u></td> </tr> </tbody> </table>			Paid	Extr	Fee	Total Claims	24	-25	= 0    x 9 = 0	Independent Claims	3	-3	= 0    x 42 = 0	Multiple Dependent (First presentation)							<b>SUBTOTAL (2)</b> <u>\$0</u>		
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Submitted By:

Typed or

Printed Name Niels Haun

Reg. Number 48,488

Signature Niels Haun

Date February 20, 2004

Deposit Account User ID

04-1406